

Foster Family Home - Corrective Action Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-6

1208 Neal Avenue

Reviewer: Angel England

Wahiawa

HI 96786

Begin Date: 11/27/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit made for a 3 bed recertification inspection survey. Corrective Action Report issued with a written plan of correction due to CTA by 12/27/18.

Foster Family Home Reporting Changes [17-1454-10]

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

10.(4) In the household composition or structure of the home; and

Comment:

10 and 10.4 HHM#2 moved out in February 2018, this change was not reported. Home changed house phone number and did not notify CTA of this change in contact information.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.b.5 CG#2 drives clients. No auto insurance policy with appropriate coverage is present in record.

41.b.8 CG#1 Bloodborne pathogen training lapsed. It was due on/before 10/7/18 and was done on 10/23/18. There is no bloodborne pathogen training for 2017 present in record for CG#2. CTA unable to determine if the 10/23/18 training was completed on time.

41.e and 41.h CCFFH had 2 caregivers used by the home during current certification period that have no records in home file regarding whether or not they met requirements to be substitute caregivers. There was no report in the home to notify when the CCFFH removed these 2 caregivers.

Foster Family Home - Corrective Action Report

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(5) shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

45(3P)(b)(5) One fire drill lacks the time of the drill and one fire drill lacks the time it took to complete the evacuation.

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.c Not all medications that client #1 is on has side effects listed in record. CGs would be unable to report side effects without knowing each medication's side effects.

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.a.6 The end of the wheelchair ramp is eroded and is a potential fall hazard.

48.c.3 Ceiling fans in all 3 client rooms have accumulated dust on them.

There are gaps in 2 client rooms between bottom of window and window sill that could allow pests such as mosquitos and other insects into the bedrooms.

Foster Family Home

Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

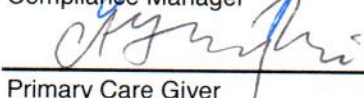
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.c.5 There are 4 medication discrepancies for client #1. Two medications have dosages where the prescription label does not match the medication administration record (MAR). Two medications have directions that do match prescription label and MAR. One bottle of medication is expired.

52.c.6 April 2018 Activities of daily living (ADL) flow sheets are not completed for 4/7 and 4/8/2018. There is no explanation in progress notes or anywhere in the record for why ADLs were not completed on those days.


Compliance Manager


Primary Care Giver

11/27/18
Date

11/27/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CARMENCITA A. GAMPONIA
CCFFH Address: 1208 Neal Avenue, Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
10 and 10.4	SG#1 Change Notification Form was signed and placed in the binder.	12/3/18	Home understands the process of change in phone number and will update appropriate departments accordingly. Home will fill out form on removed/added substitute caregiver promptly as it happens.
41.b.5	Auto insurance policy copy was placed on file	11/30/18	In the future, Home will place a note on desk calendar for due dates to prevent any lapse and requirements are always updated.
41.b.8	Lapse cannot be corrected.	11/30/18	Home will use desk calendar to identify when requirements are due and to allow extra time to get them done before due date.
41.e and 41.h	SCGs on file had sudden change in situation. One SG had immediate transfer to Texas for work. Another SG terminated work on 10/25/18 and Home was notified late.	11/30/18	Home understands the importance of updating CCFFH with any change in process. In the future, Home will update CG binder and fill out appropriate forms needed to update CCFFH.
45(3P)(b)(5)	Missing time of the fire drill was updated since it was noted on desk calendar. Time to complete the evacuation for fire drill was noted in form.	11/30/18	Fire drills will be done by each caregivers at least once a year. Home has a schedule and CGs are updated accordingly. Instructed all CGs to complete fire drill form after drill is completed. PCG to ensure all forms are filled out properly.

Primary Caregiver's Signature: 

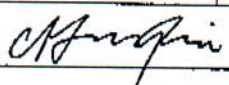
Print Name: CARMENCITA A. GAMPONIA Date of Signature: 02-02-19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CARMENCITA A. GAMPONIA

CCFFH Address: 1208 Neal Avenue, Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.c	Missing medication side effects for client #1 was placed on file.	11/30/18	In the future, Home will ensure that all medication side effects will be updated accordingly and place on file.
48.a.6	Eroding portion of the wheelchair ramp was fixed.	12/18/18	Home will check ramp at least once a month to check for any eroding areas and will fix as needed.
48.c.3	Ceiling fans in all 3 client rooms were cleaned and window gaps were fixed.	12/18/18	Home will include cleaning the ceiling fans when cleaning the rooms and check windows for any gaps every other day. Any gaps will be fixed immediately to ensure that no pest can come from the outside.
52.c.5	Medication discrepancy was corrected by client's CMA and MD. CG updated the client's Medication Administration Record.	12/5/18	CG will look at all medication orders, bottles and MAR to ensure that all matches before giving any new medication. Home will notify CMA, Pharmacy and MD if they are different.
52.c.6	ADLs were rendered to clients. CG back charted on ADL flowsheet.	12/5/18	CG will ensure that documentation in client's chart is updated twice a day. If SCG was the one who rendered care to client, CG must ensure that SCG has charted and documented in chart in timely manner.

Primary Caregiver's Signature: 

Print Name: CARMENCITA A. GAMPONIA Date of Signature: 02-02-19